

# KOPFSCHMERZTAGEBUCH

von:

für den Monat:



| Tag | Uhrzeit und Stärke |       |       |       |      |     | Schmerz- |     | Medikamente<br>(mit Uhrzeit) | Tätigkeit vor<br>Schmerzbeginn | Begleitende<br>Beschwerden |
|-----|--------------------|-------|-------|-------|------|-----|----------|-----|------------------------------|--------------------------------|----------------------------|
|     | 6-10               | 10-14 | 14-18 | 18-22 | 22-2 | 2-6 | Ort      | Art |                              |                                |                            |
| 1   |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 2   |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 3   |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 4   |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 5   |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 6   |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 7   |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 8   |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 9   |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 10  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 11  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 12  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 13  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 14  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 15  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 16  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 17  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 18  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 19  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 20  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 21  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 22  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 23  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 24  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 25  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 26  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 27  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 28  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 29  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 30  |                    |       |       |       |      |     |          |     |                              |                                |                            |
| 31  |                    |       |       |       |      |     |          |     |                              |                                |                            |
|     | 6-10               | 10-14 | 14-18 | 18-22 | 22-2 | 2-6 |          |     |                              |                                |                            |

Stärke: 1 = leicht, 2 = mäßig, 3 = stark, 4 = sehr stark, 5 = unerträglich

Schmerzort: 1 = Stirn, 2 = Schläfe, 3 = Scheitel, 4 = Nacken, 5 = Hinterkopf, 6 = Kieferwinkel, 7 = Augen, 8 = Ohren, re = rechts, li = links

Schmerzart: 1 = dumpf, 2 = stechend, 3 = pulsierend, 4 = hämmernd, 5 = bohrend, 6 = elektrisierend, 7 = ziehend